



RELEASE FORM

To the Parent/Guardian:

Please fill in your child's name and submit this form to his/her current school's Principal, Director, Headmaster, Guidance Counselor, or the person responsible for forwarding copies of school records.

To _____
Current School's Name

I, _____, hereby authorize and request that you send copies of the following information directly to Granada International School:

1. Official transcript of Grades
2. Grades for most recent quarter(s)
3. Any and all standardized test scores
4. Results of any individual testing on record
5. Descriptions of any special services administered to this student

Student's Name _____

Signature of Parent/Guardian _____

Date _____

Please mail records to:

GRANADA INTERNATIONAL SCHOOL
ATTN: ADMISSIONS
509 CALLE EL CONSULADO
GRANADA, NICARAGUA